## TRAFFIC CONTROL DEVICE REPORT

CONTRACT:	PROJECT:_							DAT	DATES:		thru* REMARKS
LOCATION	DESCRIPTION	DATE	* Use "√" if O.K.							DATE	
		PLACED	S	M	T	W	Т	F	S	REMOVED	
* If device is not O.K., describe defici	iency under Remarks	8.									
Date Corrective Action Taken:		_									
107-C-169d		Re	Report Prepared By:								_, Title: